



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Colleen McGuigan, Treasurer
Democratic Party of Wisconsin -
Federal Account
222 State Street, #400
Madison, WI 53703

JUN 20 2001

Identification Number: C00019331

Reference: Year End Report (11/24/00-12/31/00)

Dear Ms. McGuigan:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

- A review of the reports filed by your committee (pertinent portion(s) attached) indicates that your committee received a transfer(s) from the Democratic Congressional Campaign Committee (DCCC) which has not been disclosed on their report(s) of receipts and disbursements. Please provide clarifying information regarding the source of the transfer(s) received by your committee.
- Please clarify all expenditures made for "media", "media consulting", "media talent", and "media advertising" on Schedule(s) B. If a portion or all of these expenditures were made on behalf of specifically identified federal candidates, this amount should be disclosed on Schedules B, E or F supporting Lines 23, 24 or 25 and include the amount, name, address and office sought by each candidate. 11 CFR §§104.3(b) and 106.1
- Please amend your report by providing the address for each disbursement itemized on Schedule H4 supporting Line 21(a).
- Your report erroneously discloses \$159,505.92 in transfers-in from the non-federal account(s) on a supporting Schedule A; rather, these transfer(s)-in should be disclosed on a supporting Schedule H3. Please amend your report accordingly.

-The Detailed Summary Page, on Line 18 Column A of your report, discloses \$159,505 in transfers from the non-federal account for joint activity for the reporting period. However, Line 21 (a)(ii) Column A discloses \$118,619 as the non-federal share for joint activity for the reporting period. While the non-federal account is permitted to transfer funds to the federal account for shared activity, transfers for shared activity must be made within a 70-day time period: no more than 10 days before or 60 days after the payment to the vendor. 11 CFR §§106.5(g)(2) and 106.6(e)(2) Please clarify the nature of the transfers-in from the non-federal account.

The Commission recommends that you immediately transfer back to the non-federal account, the total excessive amount which was received by your federal account outside the 70-day time period. Although the Commission may take further legal action concerning this prohibited activity, your prompt action will be taken into consideration.

-Schedule B supporting Line 29 of the Detailed Summary Page discloses a \$7,390.10 transfer of "misdeposited funds" to the state account on December 6, 2000. Please clarify the original source or nature of these funds.

-For your information, all contributions received that aggregate \$200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over \$200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

-Please note that the coverage dates for the 30 Day Post-General Report and for this report are incorrect. The correct coverage dates for these reports should be 10/19/00 -11/27/00 and 11/28/00-12/31/00 respectively.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Andrea Wilkens

Andrea Wilkens
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

See separate instructions
for each category of the
related summary form

PAGE 11 OF 1
FOR LINE NUMBER
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Wisconsin

<p>A. Full Name, Mailing Address and Zip Code ASDC/Dollars For Democrats 430 South Capital St. Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/09/2000</p>	<p>Amount of Each Receipt this Period 10,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Democratic Cong. Camp. Committee 430 S Capitol St Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/24/2000</p> <p>Transfer</p>	<p>Amount of Each Receipt this Period 10,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation PARTY TRANSFER</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/09/2000</p>	<p>Amount of Each Receipt this Period 20,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation PARTY TRANSFER</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/19/2000</p> <p>Victory Fund</p>	<p>Amount of Each Receipt this Period 2,401.60</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$42,401.60
TOTAL This Period (last page this line number only)	\$42,401.60

21.03.690.1126

SCHEDULE B

ITEMIZED DISBURSEMENTS

See appendix A for each category of the authorized disbursement

PAGE **1** OF **1**
FOR LINE NUMBER **29**

Any information required from each report and statement may not be held in secret by any person for the purpose of influencing or attempting to influence the outcome of any election. Any person who violates this provision may be subject to criminal penalties under the laws of the United States.

NAME OF COMMITTEE (In Full)

Democratic Party of Wisconsin

Full Name, Mailing Address and Zip Code
DEMOCRATIC PARTY OF WISCONSIN-STATE

222 STATE STREET, SUITE 400

Madison, WI 53703-

Purpose of Disbursement
MISDEPOSITED FUNDS

Date (month, day, year)
12/06/2000

Amount of Each Disbursement This Period
7,390.10

Disbursement type: ☐ Primary ☒ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

Full Name, Mailing Address and Zip Code

Purpose of Disbursement

Date (month, day, year)
/ /

Amount of Each Disbursement This Period

Disbursement type: ☐ Primary ☐ General
☐ Other specify

SUBTOTAL of Disbursements This Page (optional)

\$7,390.10

TOTAL This Period (last page this line number only)

\$7,390.10

21-03-690-1180

